

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005410

FILED  
Aug 10, 2007  
Secretary of State

Entity Name: JOCKSTARZZ FOUNDATION INC.

## Current Principal Place of Business:

1017 MERIDIAN AVENUE  
SUITE F  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

1017 MERIDIAN AVENUE  
SUITE F  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 20-4901256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DAVIS, LA TONYA  
1017 MERIDIAN AVENUE  
SUITE F  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

DAVIS, LA TONYA Y MS  
1017 MERIDIAN AVENUE  
SUITE F  
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LATONYA DAVIS

08/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, LA TONYA  
Address: 1017 MERIDIAN AVENUE, SUITE F  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete  
Name: STIELL, ROBBIE  
Address: 173 LONGVIEW AVENUE  
City-St-Zip: CELEBRATION, FL 34747 US

Title: CFO ( ) Delete  
Name: STIELL, GEORGE  
Address: 173 LONGVIEW AVENUE  
City-St-Zip: CELEBRATION, FL 34747 US

Title: PR (X) Delete  
Name: YOKEL, DINDY  
Address: 1819 WEST AVENUE, BAY #1  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATONYA DAVIS

P

08/10/2007

Electronic Signature of Signing Officer or Director

Date